

**RFP 1748 DHCAA-JS Amendment #1**  
**January 9, 2013**

**RFP 1749 DHCAA-JS Section 6.2 has been revised. The following language supersedes and replaces that included in RFP 1748 DHCAA-JS issued January 3, 2013.**

**6.2 Proposed Monthly Capitation Rate**

The Proposer must provide a capitated rate for each population listed on Appendix A. The cost calculation must include an all-inclusive proposal for all costs associated with this contract, and all costs to perform the requirements enumerated in the RFP.

The cost included in Appendix A, Section 2, Box 2, Column B, is the amount on which the cost proposal will be scored as referenced in Section 3.2.

Proposers are cautioned to note the following:

- A.) The amounts in Appendix A, Section I, Box I, Column C will become a fixed monthly capitated rate for each respective population for the initial three-year contract term. Thereafter, the rates may be negotiated at the beginning of each renewal period.

In the sole determination of the Department that a rate modification may be necessary to maintain stability of NEMT services, the parties may renegotiate the per member per month rate(s) during that period.

- B.) No other costs, including but not limited to other direct, indirect, allocated, travel, or incidental expenses may be proposed or charged to the ensuing contract. Cost Proposal must be inclusive of all costs associated with performance of contract requirements and fulfillment of contract deliverables.
- C.) Vendors are cautioned to base their Cost Proposals strictly on coverage as reflected in Wisconsin Medicaid policy as of January 1, 2013. Cost impact of policy changes officially implemented after January 1, 2013 should not be included in the vendor's rates. If DHS determines there might be a cost impact to any policy change implemented after January 1, 2013 such as modifications to covered populations and services (i.e., pharmacy trips), it may negotiate changes in PMPM rates. Please refer to section 1.1 and 1.2.1.